



CTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 24-MAY-2017		TIME 11:14:00		2. ADDRESS OF OCCURRENCE 1643 N LECLAIRE AVE CHICAGO, IL 60639		3. LOCATION CODE 092		4. BEAT/OCCUR 2533		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																			
6. POSITION 9161		7. LAST NAME AMPARAN		8. FIRST NAME ERNESTO G		9. STAR NO. 4614		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE WWH																																																																																			
15. DATE OF APPT. 01-APR-2013		16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 025 2563E		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																			
21. LAST NAME WISE		22. FIRST NAME KAYIN		23. M.I. [REDACTED]		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. [REDACTED] 1999																																																																																			
29. ADDRESS 60639 CHICAGO, IL		30. TELEPHONE NO. [REDACTED]		31. WAS SUBJECT ARMED? VEHICLE - OFFICER STRUCK WITH VEHICLE, FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																					
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL																																																																																											
36. BY WHOM? DR. [REDACTED]		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																											
38. CHARGES PLACED PLEASE SEE NEXT PAGE		39. CB NO. 19484301		IR NO. [REDACTED]		<input type="checkbox"/> DNA																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">40.</th> <th style="width:25%;">PASSIVE REGISTER</th> <th style="width:25%;">ACTIVE REGISTER</th> <th style="width:25%;">ASSAULTANT: ASSAULT</th> <th style="width:20%;">ASSAULTANT: BATTERY</th> <th style="width:20%;">ASSAULTANT: DEADLY FORCE</th> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>STRIKED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">MEMBER'S RESPONSE</td> <td>OTHER _____</td> <td>OTHER <u>ATTEMPT TO FLEE IN VEH</u></td> <td>PERCEIVED AS _____</td> <td>OTHER <u>PINNED P.O. WITH VEHICLE</u></td> <td>OTHER _____</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>ESCOORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td></td> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ARM BAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (ARC Cycle) <input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>LEAD WITH AUTHORIZATION <input type="checkbox"/></td> <td>OTHER _____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>OTHER _____</td> <td>OTHER _____</td> <td colspan="3"></td> </tr> </table>												40.	PASSIVE REGISTER	ACTIVE REGISTER	ASSAULTANT: ASSAULT	ASSAULTANT: BATTERY	ASSAULTANT: DEADLY FORCE	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	STRIKED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	MEMBER'S RESPONSE	OTHER _____	OTHER <u>ATTEMPT TO FLEE IN VEH</u>	PERCEIVED AS _____	OTHER <u>PINNED P.O. WITH VEHICLE</u>	OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>			ESCOORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>					ARM BAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>					PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>					CONTROL INSTRUMENT <input type="checkbox"/>	TASER (ARC Cycle) <input type="checkbox"/>					OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>					LEAD WITH AUTHORIZATION <input type="checkbox"/>	OTHER _____					OTHER _____	OTHER _____			
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41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																					
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member																																																																																									
46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR																																																																																							
50. MAKE/MANUFACTURER GLOCK, INC. - A11-		51. MODEL 17		52. BARREL LENGTH 4.49		53. CALIBER/GAUGE 9 MM																																																																																							
54. TASER PART ID NO.		55. WEAPON SERIAL No. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.																																																																																					
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED Department Issued		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		63. TOTAL NO. OF SHOTS MEMBER FIRED 3		1714405845 JA277099																																																																																			
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		68. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																					
69. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		70. DID MEMBER USE SIGHTS																																																																																									
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																																																																																													
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 03 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																																									
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION				74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																									

100-1085331

9

Attachment

NOT RECORDED	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. 1714405845	
	78. ADDITIONAL INFORMATION				
	79. REPORTING MEMBER (Print Name) TOLEDO, PETER H 24-MAY-2017 18:42:38			STAR/EMPLOYEE NO 2105	SIGNATURE 
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
80. REVIEWING SUPERVISOR (Print Name) CONROY, PATRICK J			STAR NO. 267	SIGNATURE 	DATE REVIEWED TIME 24-MAY-2017 18:48:59

720 ILCS 5.0/24-1.6-A-1, 625 ILCS 5.0/11-204.1-A-1, 720 ILCS 5.0/12-3.05-D-4,
720 ILCS 5.0/12-3.05-D-4, 625 ILCS 5.0/4-103-A-1

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Hospitalized

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

U#1710. As of this report, no further action by the undersigned is required. Investigation into this incident is ongoing by the Area North Detective Division and IPRA and appropriate criminal charges have not yet been determined. Based upon the facts at this time, it is my preliminary finding that the Officer acted in compliance with Department policy.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

☐ LOG NO. **1085331** OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

24-MAY-2017 19:02:14